

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:
DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY

EFT _____ PAPER _____ VENDOR# _____

*THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES

DIVISION	UNIT/OFFICE		
DFAS	Cole		
CONTACT PERSON NAME	PHONE NUMBER		
Joy Benne	751-7027		

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER (if applicable)	CS170042001/ [REDACTED]	
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CODING INFORMATION:

ORGANIZATION CODE(S) TO BE CHARGED: 3155

DESCRIPTION OF CODING OR FUNDING SOURCE (*Indicate the exact words from coding sheet*):

ALTERNATIVES TO ABORTION

TANF 100% 0199 886 3155 2960 1536 Q221

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE

September 2018 Payment

Contract allows for payment to be made in advance

DFAS USE ONLY--DO NOT WRITE/MARK BELOW

ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Number: [REDACTED]

Vendor Name: Alliance for Life - Missouri Inc
Vendor Address: 487 SW Ward Rd
Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
P.O. Box 1643
Jefferson City, MO 65102-1643

Invoice Number: 2019-03

Invoice Date: 9/1/2018

Service Period: September 1 - September 30, 2018

Total Contracted Allocation	Prior Invoiced Total	Monthly Award Amount
\$ 2,150,338.14	\$ 358,389.70	\$ 179,194.85

Monthly cash on hand adjustment	\$ -
Quarterly expenditure adjustment:	\$ -
Total Due:	\$ 179,194.85
Allocation Remaining	\$ 1,612,753.60

Signature: Marsha Meddleton

10:11 AM 09 SEP 2018
GEMINI

Approved
9/4/18
[Signature]